

Pharmacy Technician Trainee Interagency Meeting

Public Meeting: April 26, 2023

Written Comments submitted to DOLI:

Karen Winslow, Virginia Pharmacy Association (also commented in person):

On behalf of the Virginia Pharmacy Association – representing the profession of pharmacists and pharmacy technicians - we offer the following written comments for the workgroup's consideration.

How we got here

DOLI has determined that a pharmacy setting and “working with prescription drugs that could be considered dangerous, poisonous or injurious to the health of the child” necessitates a new regulatory framework and three-party written agreements to assure proper oversight of child labor conditions in the pharmacy setting. See DOLI Guidance Superintendent's Memo #271-22 November 18, 2022.

Basis in Statute

The guidance is based on a determination by DOLI under Va. Code §40.1-100.A(4) that working in the pharmacy setting is violative of a child working “[i]n any capacity in preparing any composition in which dangerous or poisonous chemicals are used.” (emphasis added)

Arguments presented

DOLI staff stated that they consulted the Office of the Attorney General and that the advice received from their attorney is that the interpretation by DOLI staff is proper, meaning that tech trainees are working in such capacity while in a pharmacy. (n.b. It isn't clear if the OAG is stating that the current DOLI interpretation is the only interpretation). Of requested examples of what are the concerns with underage tech trainees in a pharmacy, DOLI staff raised concerns about diversion (theft) and that they consider prescription drugs to qualify as “poison.”

Objections to the proposal

We strongly view that the interpretation that prescription drugs are “dangerous or poisonous” in a pharmacy setting as misguided and objectively erroneous. The provisions of this Code section are directed at manufacturing and industrial settings, where the handling and preparation of chemicals is risky to the person so handling. There is no inherent risk in the pharmacy setting in the preparation of prescription drugs. Other technical training programs should also be advised of this new interpretation, as they are in jeopardy as well. Moreover, this interpretation threatens

all workforce training programs, as any work setting will have access and handling of dangerous or poisonous chemicals. Sanitizers, cleaners, and gases all present the same handling risks, including theft, misuse or abuse, as do prescription drugs.

The Board of Pharmacy was not aware of any incidents of juvenile tech trainees being injured or harmed as a result of being a participant in a workforce training program. Regarding the risk of diversion of prescription drugs, the pharmacy workplace is highly regulated. The Board of Pharmacy, DEA, and USP standards already ensure that diversion and drug handling are addressed. Clearly, diversion – or theft – is not under the regulatory authority of DOLI.

The impact of this proposal

As presented, simply put, the additional liability to pharmacies and pharmacists participating in the program makes little sense. The additional burdens of administrative workload, compliance oversight, record-keeping, and risk management will have a chilling effect on the availability of clinical settings by participating pharmacies – both retail and hospital. The tech training programs are already under pressure from the increase to a minimum of 130 hours of clinical training and because of program costs outstripping salary of new graduates. This makes little sense when healthcare workforce needs are critical and there simply is no benefit from altering current program oversight and compliance.

Alternatives

While we think the new interpretation, guidelines and workforce training agreement proposal are improper, if the agencies persist with development of some level of oversight, an MOU should be considered that presents an understanding among DOE, DOLI and DHP that (i) tech trainees are not, under current training standards, in a capacity that involves preparing any composition in which dangerous or poisonous chemicals are used and (ii) any changes in such training could be reviewed by DOLI and DOE for continued compliance with state law. We strongly urge the agencies to cease pursuit of the workforce training agreement framework, which requires private, third-parties' compliance, administrative burdens and additional workplace management risk.

Conclusion

We view this new program of DOLI oversight and compliance as a massive bureaucratic overreach. It is unnecessary and a solution looking for a problem. Quite simply, the interpretation of statute is misguided and jeopardizes training programs. Lastly, it is unfortunate that there was no advance notice to pharmacies and pharmacists of this new interpretation, no opportunity for public comment, nor input before the program was initiated. While we appreciate the opportunity to now offer comment, the forum offered is unwieldy and does not offer opportunity for collaboration or education. We urge the agencies to cease pursuit of this damaging program effort.

John Coggins, Mary Washington Healthcare:

The health system I work for participates in a number of programs designed to give young people the opportunity to learn about healthcare from a hands-on perspective. Programs like Junior Volunteers and Project Search are two that immediately come to mind. We utilize these young men and women in our Inpatient Pharmacy to sort and prepare medications for restocking into our automated dispensing system, along with checking in and breaking down our daily wholesaler orders when they arrive. They are dealing only with sealed unit dose or manufacturer packaging, and are working under direct supervision. Given our open technician positions and difficulty in recruiting technicians in this market, these volunteers and trainees are valuable sources of help. It would be very difficult and impede productivity to put into place mechanisms to segregate controlled/hazardous medications from all others for the purpose of routine handling. This type of restriction would significantly impact our ability to provide a worthwhile training experience for young and special needs individuals.

Cynthia Williams, Riverside Health System

My name is Cynthia Williams and I currently serve as VP/Chief Pharmacy Officer for Riverside Health System. I would like to provide public comment on the proposed actions of Virginia Department of Labor and industry related to high school-based pharmacy technician programs in the state of Virginia.

From a background perspective, I was involved with other stakeholders in Virginia to support standardized technician training in order to ensure a well-trained pharmacy workforce in the state. Part of that effort resulted in the adoption of accredited training and education, including the requirement for enhanced experiential training. Experiential training is a cornerstone of robust workforce development.

I have also been involved during my 40 year pharmacy career in the precepting of pharmacy technician students in high-school based programs, both in Virginia and Utah. Allowing high school students the ability to gain an employable skill is an important element of workforce development.

The COVID-19 pandemic has not only challenged the pharmacy workforce from a workload perspective, but has also seen individuals leave the healthcare workforce, leading to a pharmacy technician shortage in the state. This is causing delays in patient care, especially in the retail pharmacy space as stores are limiting hours and are often behind in prescription processing. The proposed actions of the Virginia Department of Labor and Industry related to high-school based pharmacy technician programs has the potential to further exacerbate the pharmacy technician shortage in Virginia due to a reduction in programs, participants and preceptors.

I have a few concerns with the DOLi proposal

1. DOLi has categorized medications as dangerous and poisonous, which is not the case for most agents when handled as intended during the pharmacy dispensing process. The limitations being placed on the handling of prescription medications will impact the learning experience of pharmacy technician students.
2. I am concerned with the proposal to require an additional MOU in order to precept pharmacy students for their experiential rotations. The pharmacy profession is highly regulated, with oversight from the Board of Pharmacy, Drug Enforcement Agency, Food and Drug Administration, United States Pharmacopeia and other regulatory bodies. Adding an additional MOU that includes criminal liability would significantly limit preceptor participation and add administrative burden.
3. The proposal is also not in keeping with Governor Youngkin's focus on workforce development, including the delivery of programs more efficiently and an increase in workforce participation.

As a practicing pharmacist of 40 years, my overall focus is safe and effective patient care. Providing pharmaceutical care requires a team, including well trained pharmacy technicians. We are currently experiencing a shortage of pharmacy technicians in Virginia, with the impact being delays in patient care. The proposal under discussion today has the potential to worsen the situation and to weaken pharmacy technician workforce development. I ask that you reconsider the proposal and consider the formation of a workgroup to evaluate any concerns related to high school-based programs and experiential training for those under the age of 18.

Kathleen Vuono, Office of Technical & Career Education Advanced Technology Center, Virginia Beach

As a new Pharmacy Technician program that began in SY 2019-2020, we are very concerned about the impact of Va. Code § 40.1-100.A.4, prohibiting “any child under the age of 18 to work in any capacity in preparing any composition in which dangerous or poisonous chemicals are used.” This is part of Va. Code § 40.1-100, Certain employment prohibited or limited.

Like many CTE programs offered to K-12 students in districts across the Commonwealth, situations exist where students may experience authentic environments that pose risk. (Culinary students are participating in internships where they are in the presence of chemicals, potentially dangerous equipment, and/or working in an establishment that serves alcohol.)

It is our interpretation that this specific Code should not apply to students in K-12 who would be voluntarily completing unpaid externships to fulfill the requirement for accreditation under the ASHP guidelines.

During a webinar hosted by the VDOE in December, representatives from the DOLI and VBOP used strong language to ensure immediate compliance with this regulation as it pertains to pharmacy technician trainees. This was part of a greater conversation that also included a new form for securing permission to send students under the age of 18 into externships, which has not yet launched. This meeting held an urgency and importance that nearly sidelined K-12 programming in the Commonwealth for the SY 2022. This movement by DOLI and VBOP is making partnerships for externships nearly impossible.

Unfortunately, the impact since the December meeting is already being seen. VBCPS has externship agreements with Sentara Healthcare, Harris Teeter, and Walgreens (CVS is currently in process and will be a partner next school year). Within the last month, we have been notified that our largest partner, Harris Teeter, will no longer offer externships for students under the age of 18 (CVS had already notified us of their policy). For purposes of illustration, below is a table representing the number of externships that VBCPS will be able to offer if all partners make the age threshold 18 using data from the last three years.

SY	Total Ss	DOL/VBOP eligible Ss
2020-2021	29	5
2021-2022	27	8
2022-2023	30	2

If we cannot secure externships, we will not fulfill the ASAP requirements for accreditation. If we cannot earn/remains accredited, we will not be able to offer this program as part of our robust CTE programming to the K-12 students in VBCPS. It is important to note that this training for future pharmacy technicians is free to our students. It is imperative that this workgroup aggressively campaign to help public schools secure enough meaningful externships to support future pharmacy technicians in the Commonwealth by clarifying information that pertains to K-12 externships.

Like all programs for public school, the VBCPS Pharmacy Technician program offered at the VBTEC has put in place safeguards, including vetting and training for the instructor, robust programming, prerequisites, and limiting the course to high school seniors. The externships are monitored by the instructor, the preceptor, highly qualified technicians, and a School to Work Transition Specialist. The externship may include simple compounding, but it would be nearly impossible to guarantee that students avoid all chemicals as it is the purpose of our program to teach students how to do the job of a pharmacy technician competently.

I am respectfully requesting that we review these Codes for applicability to the K-12 programming and that the recent marketing that has gone into promoting this with clinical and retail partners be qualified so that these organizations will once again

welcome our high school students for externships. These externships are vital to ensure our students are career-ready.

Amy Pernell, Chesterfield Career and Technical Center @ Courthouse

My name is Amy Pernell and I teach the Pharmacy Technician program at Chesterfield Career and Technical Center. My comment/concern is regarding the required clinical experience work hours totaling 130 hours. For a 400 total hour program, it is my opinion that losing nearly 33% of our class time to clinical is excessive. My national board pass rate dropped significantly from the 21/22 school year, to the 22/23 school year, which leads me to believe that losing that classroom instruction time has negatively impacted the program. In clarity, I do believe there should be a clinical experience, it provides reinforcement to what the students have learned and gives them the opportunity to practice their training. However, I believe that it should be no more than 100 hours.

Roberta Pinheiro Janik, Health and Medical Sciences Office of Counseling, College and Career Readiness Instructional Services Department

Thank you for the opportunity to comment on the Virginia Department of Labor and Industry (DOLI), Va. Code § 40.1-100.A.4, Prohibits Any Child Under the Age of 18 to Work in Any Capacity in Preparing Any Composition in Which Dangerous or Poisonous Chemicals Are Used (e.g., Compounding Certain Dangerous or Poisonous Prescription Drugs) Unless the Child is Working Pursuant to a Signed DOLI Work-Training Program Agreement pursuant to Va. Code § 40.1-89.

On behalf of the students and teachers in Fairfax County Public Schools, I would like to raise concerns regarding the DOLI Work-Training Program Agreement pursuant to Va. Code § 40.1-89.:

1. As a result of the new requirements for students under the age of 18 to participate in the CTE pharmacy technician program clinical experience, FCPS' pharmacy partners have required that all students placed in dispensary pharmacy settings be 18 years of age. As a result, FCPS' Pharmacy Technician students under the age of 18, are unable to participate in the mandatory 130 hours of clinical experiences in a dispensing pharmacy.
2. ASHP/ACPE accreditation standards mandate a minimum 130 hours for experiential learning. As it stands, roughly 71.6% of our students currently enrolled in pharmacy coursework will not be able to meet this requirement, impeding students' ability to become a licensed pharmacy technician. This new requirement impacts FCPS' ability to maintain board-approved program regulatory compliance for all enrolled students.
3. The DOLI Work-Training Program Agreement was implemented midway through the current school year. The current Pharmacy Program class is made up of 140 students

under the age of 18, who enrolled in the program before this requirement went into effect and with the understanding that they would be able to participate in the required clinical experience. These students have no option but to wait until their 18th birthday to begin gaining the mandatory hours. This is most pressing for FCPS' students in Pharmacy Technician II, many of whom do not turn 18 until late in their senior year or even after they graduate and will not be able to meet this requirement.

In summary, FCPS has concerns with the new DOLI Work-Training Program Agreement as it impedes our ability to implement the pharmacy technician training program requirement for all enrolled students to obtain a minimum of 130 hours in a dispensing pharmacy setting

Thank you for your consideration of providing additional flexibility to allow students under the age of 18 to participate in clinical experiences.

Crystal Fordham, Trade & Industrial, Health & Med Sciences, Career Investigations; Richmond, VA

Since students begin experiential learning hours in part II, it presents additional challenges for seniors due to their commitments for testing, senior activities, AP testing, etc. How are other school systems operating on a 4x4 schedule able to meet the 130 hours of experiential learning?

Angela Stroble, New Horizons Regional Education Centers

I have been an instructor for eleven years and have trained qualified technicians that are working in the field. This accreditation process has been stressful and has taken away the time that is needed to prepare the students for the field. The standards that are already in place from VDOE to prepare the students are sufficient enough to qualify for a promising future in pharmacy. The one hundred and thirty hours that are required by ASHP are too much for high schoolers. Most of the students have a rigorous schedule along with extracurricular activities. Also, with the hours required for the externship, it takes away from classroom instruction, labs, and projects. This in turn causes stress on students and instructors for the time needed to be prepared for the National Certification Exam. Please consider all comments and concerns as you are making your decision concerning this matter. In closing, please remember there is a shortage of pharmacy technicians which could lead to a public health crisis.

Oral Comments In Person

Meredith “Meredy” Ayers, Brema Pharmacy Office & Training Center

I’m Meredy Ayers, a pharmacy technician and technician course instructor at Brema Pharmacy as well as the technician director on the board of directors for the Virginia Pharmacy Association. As a pharmacy technician, the role you play in the healthcare industry is critical. You work alongside pharmacists to ensure that patients receive the right medication, dosage, and overall treatment. With this responsibility, it's essential to have the proper education... and oversight.

As an instructor for our adult technician course, I ensure that technician trainees receive proper training that meet industry standards. And as a certified technician for over 20 years, I’ve never felt like I was at risk due to the training I received and the continuing education of regulations and science that I continue to obtain. There are specific regulations and guidelines that need to be followed when it comes to dispensing medication, handling and storing medications, and preparing medications already set forth by the Board of Pharmacy, DEA, and USP. With the current oversight, pharmacy technicians and trainees can be confident that what they are doing is safe and accurate.

Oversight is the process of ensuring quality, safety, and compliance is maintained. Our technician training program is a formalized ASHP accredited training program that includes didactic, hands-on simulations and hands-on internships, and it adheres to the Virginia Board of Pharmacy and ASHP guidelines and oversight already. I am concerned about incorporating this restrictive oversight for potential students and programs in an already struggling workforce field. It will be detrimental to their learning and weaken their experience. The internships are a KEY part of technician training, and with your proposed restrictions and memorandum of agreement, the hands-on part of training will be watered down. Jumping through one more hoop will cause disruption to students’ learning and thus create a public health risk with poorly trained pharmacy technicians.

There has been a growing shortage of pharmacy technicians over the past few years. According to the U.S Bureau of Labor Statistics, the employment of pharmacy technicians was estimated to grow 7% from 2019 to 2029, which is faster than the average for all occupations. This increase in demand is due to the aging population and advances in medication. Despite the growth in demand, there is still a shortage of pharmacy

technicians available to fill these positions. This shortage is primarily due to a lack of qualified candidates and a limited number of accredited educational programs. To add more oversight would directly affect an already struggling career path.

The lack of qualified pharmacy technicians will have a negative impact on patient care, as pharmacists are left with more responsibilities that could otherwise be handled by a trained technician. This can lead to longer wait times for patients, errors in medication,

and an overall decrease in the quality of care. Another barrier, such as your proposal, will hinder the education and training necessary to perform their roles accurately and safely.

Let's ensure technician trainees receive the education and training necessary to perform their roles accurately and safely without adding barriers to instructors, employers, and students.

Cindy Coffey, Riverside Regional Medical Center

My name is Cindy Coffey and I am currently the Director of Retail Pharmacy Services for Riverside Health System and serve on the Board of Trustees for Virginia Pharmacists Association Foundation. I would like to speak on the importance of having a sufficient number of pharmacy technicians in Virginia and the anticipated impact of the proposed Department of Labor and Industry Guidance to Virginia Department of Education related to High School Pharmacy Technician Training Programs.

In reference to the Superintendent Memo 271-22 dated November 18 2022, I have several concerns. The first is the restriction to limit the handling of unpackaged prescription medications to Technician II students. This will limit the ability of Technician I students from gaining experiential education in many pharmacy settings, jeopardizing their learning experience and program participation. Currently, the hefty experiential requirements of 130 hours are difficult to complete within the allotted time provided during school hours. Our students are gaining their experience twice a week for 2.5 hours. If this proposal is approved, I have serious concerns that we are setting up these young adults for failure since the experiential hours are extremely difficult to meet.

The second is the limitation of handling of medications to Schedule VI drugs for those under the age of 18. Prescription medications in classes outside of Schedule VI are not, as a group, considered dangerous or poisonous and limitation in handling of medications jeopardizes a full learning experience for high school based programs, where many of the student learners have not yet reached the age of 18.

I would like to take a moment to briefly outline the opportunities the students are experiencing. They help with putting away the order (controlled substances are intermingled), counting medications following safe handling processes, and we apply real life practical opportunities to measure appropriate quantities and calculate day supplies of medications. These opportunities allow our staff to teach students how to handle and dispose of medications safely and properly. There is constant communication between the student and technician/pharmacist throughout this experience which would not organically occur otherwise, placing more strain on the pharmacist/technician preceptor which could lead to distractions resulting in safety concerns and lost productivity. Keeping the students engaged offers an enhanced experience allowing them to truly understand their role within the pharmacy with real

life applications which cannot be simulated within a classroom. If the students are not engaged, I feel gives them more opportunity to stray from learning and truly provides lackluster experience, which is a waste of everyone's time.

The third, and largest concern, is the requirement for an additional MOU as outlined in Attachment B of Superintendent's Memo #271-22. Implementation of this measure will significantly limit preceptors for high school based technician training programs, resulting in a reduction in program participants, a negative impact to the pharmacy technician workforce and limiting the ability of non-college bound high school students to pursue a career choice of certified pharmacy technician.

One of Governor Youngkin's goals has been to strengthen and streamline workforce development. That was demonstrated this year with the passing of HB2195. This legislation is aimed to deliver programs more efficiently and increase workforce participation. The proposed MOU and limitations to high school based technician training is not consistent with those goals.

As a practicing pharmacist of 22 years, my focus is and has always been to provide safe and effective patient care. Providing pharmaceutical care requires a team, including trained pharmacy technicians. We are currently experiencing a shortage of pharmacy technicians in Virginia, with the impact being delays in patient care. The proposal under discussion today has the potential to worsen the situation and to weaken pharmacy technician workforce development. It is concerning decisions affecting my profession are being made by individuals who do not have pharmacy experience or an understanding of strict laws and regulations we abide by each and every day to protect the community and staff.

Kim Bobo, Virginia Interfaith Center for Public Policy

Good Morning. I'm Kim Bobo, Executive Director of the Virginia Interfaith Center for Public Policy. We are the state's largest and oldest faith-based advocacy organization focused on economic, racial, and social justice. Like our faith traditions, we have a special concern for the poor – including low-wage workers.

I am also the author of Wage Theft in America, the seminal book outlining the crisis of wage theft in the nation, the practice of cheating workers of all their legally owed wages. Young workers are often the victims of wage theft because they don't know their rights and they are scared to speak up about abuse.

I would normally not ask to speak about something as technical as "pharmacy technician training," but I'm concerned about this given the context of intentional efforts to undermine child labor protections, growing child labor violations in the country, and employer opposition to raising wages and benefits for essential workers, like pharmacy tech workers. Let me quickly review the context and then I'll make a few concrete suggestions:

1) Context One: Organized efforts to undermine child labor protections. Several national employer groups that represent sectors employing many low-paid workers have been introducing bills to allow children (teenagers) to work in previously outlawed industries – industries and work that are clearly dangerous for them, like assembly lines, construction, meat coolers, bars, industrial laundries. These bills are being orchestrated by employer groups and promoted as good for young workers and important for parent's rights. But they are not being promoted by young workers or parents. They are promoted by employer groups that need more workers. In the last two years, ten states have introduced or passed laws rolling back child protections. This is a dangerous context.

2) Context Two: Dramatic increase in child labor violations. According to the federal Department of Labor, child labor violations increased 37 percent in one year, and 283 percent over the last eight years. This is a huge crisis in the nation, and I suspect it is here too in Virginia, but we are not currently being provided data on this from DOLI. Why are we seeing such violations? I suspect it is from employers in sectors, like pharmacy, that are desperate for workers. This is a concerning context.

3) Context Three: Employer opposition to improving wages and benefits. In preparation for today, I read up on the staffing crisis for pharmacies. Every article talks about how pharmacy tech workers are quitting because of stress, low wages, and lousy benefits. As an organization that has helped advocate for increases in the minimum wage and a paid sick day standard in Virginia, I know the opposition to even very minimal standards. Pharmacy tech workers earn low wages and most have no paid sick days. I'd feel a little better about a pharmacy tech training program for teenagers if I didn't believe it was one more way to avoid paying higher wages and providing benefits like paid sick days that can sustain working families.

Given my broad contextual concerns, here are my three concrete recommendations.

1) DOLI should continue to limit tasks that sixteen and seventeen year olds are allowed to do in the pharmacies. Teen workers should not be exposed to potentially dangerous work in stressful environments where accidents can and do happen. Let me just read a little from a document (<https://ptcbtestprep.com/how-to-manage-hazardouse-waste/#>) about handling hazardous waste in pharmacies, "Medicines can become hazardous waste. Medicines are chemicals and – like all chemicals – they have the capacity to cause harm just as much as they can cause therapeutic effects.... Working in the pharmacy setting, technicians must have a robust knowledge of hazardous waste and non-hazardous waste....There are many different ways in which pharmaceutical waste can be drawn into the body via many different routes, including: absorption through the skin into the bloodstream, inhaled into the lungs, burn the skin, Cause harm to the fetus." Do we really want to expose teenagers to this?

2) The training should include training on worker rights. Given the abuse of young workers, they need to be taught their rights as part of the curriculum. I'm sure DOLI could provide some materials, and so too could the Virginia Interfaith Center.

3) The Department of Labor and Industries must be the organization notified. DOLI is charged with protecting workers – and we know young workers are particularly vulnerable. This training program is in a potentially dangerous environment. DOLI is best qualified to judge the risks and hazards.

Catherine Cary, Bremono Pharmacies

Hello I am Catherine Cary, pharmacist at Bremono Pharmacy. I believe having a pharmacy Tech Training Course during high school is key to improving our workforce opportunities and increasing awareness of pharmacy as a career path.

I have concerns with the restrictions that are being proposed for students completing the internship portion of the course.

The practice of pharmacy is already heavily regulated. The DEA and the Virginia Board of Pharmacy closely monitor pharmacies and pharmacists to ensure that laws and regulations are followed. These safeguards already in place protect pharmacy trainees too. I feel that the safeguards we already have are sufficient, and question whether these extra DOL precautions are necessary.

Should you decide that extra safeguards are necessary, I also have specific concerns with the proposed restrictions. The first is the statement regarding the memorandum of agreement that the preceptor is serving in a custodial capacity and can be held criminally liable if harm comes to the child as a result of being exposed to the medications. I am concerned this will severely limit the number of pharmacists willing to take on the risk of serving as a preceptor.

I also have concerns that the memorandum prohibits “technician 1” students from handling “unpackaged” prescriptions. This will severely limit the practical experience the trainee would have, as most prescription drugs require packaging as part of the dispensing process.

The notion that training as a pharmacy technician puts minors at risk because of exposure to dangerous or poisonous chemicals is a very strong statement. While there are some drugs that have a higher risk for harm due to exposure, many medications when handled in the course of pharmacy technician duties, present little to no risk. Hazardous medications are defined on the federal NIOSH list. USP Chapter 800 provides standards for safe handling in order to minimize the risk of exposure to staff, patients, and the environment. If you opt to regulate which medications a minor student should handle, I would recommend not allowing them to handle drugs that are in Group 1 of the NIOSH list.

The memorandum also limits technician 2 trainees to schedule 6 medications. This limitation is impractical in a real-world pharmacy where schedule 3-6 medications are generally stored together. Schedule 2 narcotic drugs are typically locked and stored separately. It would be more feasible to limit a trainee’s exposure to schedule 3-6 drugs. This would also ensure the student would still get a well-rounded learning opportunity.

Oral Comments Virtually

Nicole Stephens, New Horizons Regional Education Centers

This externship has created inequities. We do not offer transportation to our students. Each of the six divisions provide transportation for the students to and from the career and tech center. They will not transport students to a variety of externship sites. Many of the students do not have a driver's license nor car. The families work and are not able to transport students during the day and oftentimes their schedules do not permit the students to extern on the weekend. Students work to support themselves, take advanced level classes and participate in sports which does not afford them the opportunity to work outside of class time which is 2.5 hours each day during the week. Many of the pharmacies do not open until 9am or 10am therefore the morning students would not be able to participate in an externship.

Currently our students pay about \$200 to participate in the class for uniforms, CPR, and study, materials. This year the accreditation mandate forced students to pay an additional cost of \$20 for a trainee license, \$60 or more for a 12 panel drug screening and \$25 for a Virginia Background check if they were 18 years of age or older. Due to the time constraints this meant that students and their families had about a 4 week time frame to find extra money and get this task accomplished in order for them to start externships October 1.

Many of the pharmacies in this area will not work with students who are under the age of 18. Out of 40 students we only had five who were 18 in September 2023 that could participate. We partnered with 17 different locations to be able to provide an externship experience for 40 students. Why 17 sites - the pharmacists and pharmacy tech shortage would not allow multiple students in one location due to the professional to student trainee ratio. We also had to create multiple contracts and MOUs with the participating pharmacies. We then had to have our legal department review each one. Overcoming each one of these hurdles to get started took away from valuable instructional time in the classroom.

Observing students at 17 different work sites is extremely difficult for one instructor. As the principal who is not a licensed tech nor pharmacist I am not able to assist my instructor in this task. Students are currently in the field two days per week (October through May). Going into the field takes away from instruction in the classroom due to lost planning time. We have submitted a request for another licensed instructor to assist, however that is not in the budget at this time. In addition to not being able to get more personnel the accreditation requirements has forced our adult education program to close due to the hours requirement.

We have successfully trained our pharmacy technicians in the high school program and adult education program for many years. There are several who come back each year to

talk with students about their training and current experiences, promotions and goals in the field. The industry did not require them to be from an accredited facility then and it is not necessary now as long as they are trained by a licensed, knowledgeable and successful instructor.

Mark Husband, CTE and Virtual Learning Montgomery Co. Public Schools

Waiting for oral comments in writing from speaker

Brad McDaniel, Carilion Roanoke Memorial Hospital

My name is Brad McDaniel and I am a Pharmacist working in the Roanoke Valley and serve as Chair of the Legislative and Regulatory Committee for the Virginia Society of Healthsystem Pharmacist.

VSHP is concerned with the current DOLI language as outlined. The current language does not allow the trainee to gain the full working experience within the pharmacy setting, thus limiting their growth in this STEM field.

The prohibition of handling CII agents is an unnecessary requirement. Current BOP regulations require a close chain of custody under the supervision of a pharmacist. Many pharmacies or facilities require frequent double counts, witnessed counts and back counting to confirm expected quantities and deviations are handled very seriously. Within the health system, there are additional layers of controlled substance diversion protections and protocols.

VSHP disagrees with DOLI's interpretation of 'dangerous chemicals' within the context of the pharmacy field. There are additional requirements set in place to protect all health care workers regardless of age. DOLI's current interpretation is quite broad and is impractical. Any medication, if used inappropriately, can be considered dangerous; including over the counter items such as ibuprofen or diphenhydramine. Healthcare workers, including those in DOLI programs must undergo training in order to handle any medication.

There are other examples of potential handling of dangerous chemicals that could exclude many practical experiences for youth-based programs. DOLI apprenticeship brochures promote opportunities such as water treatment where highly concentrated chemicals are surely used, heavy equipment operator fields, line erectors or electricians where the risk of electrocution is not zero, Welding where injuries could occur, automotive repair where exposure to chemicals and fumes could be harmful.

It is important to note that though there may be precedent to consider 16 and 17 year olds as minors, many of these are individuals who are attending a program or career-focused educational program. Many of these students are living independently of their parents and can independently interact with 'chemicals' considered dangerous per

DOLI's interpretation within the world we live in. There may be those with ill-intent along the way but they will be far outnumbered by those simply looking to find a career where they can make a difference in the lives they touch. DOLI's interpretation and limitations will force these young adults to choose potentially less-impactful career choices. The important concept that VSHP would like to emphasize is that the profession of pharmacy has high standards such that any worker is ensured safety in handling any medication regardless of classification. To put strict limitations on how a youth-aged trainee may learn during an experiential setting will likely lead to further elimination of these introductory and trainee programs. We ask that DOLI reconsider their proposed restrictions and allow the Boards of Pharmacy and the experiential sites responsible for those trainees to ensure safe handling of medications."

Rick Cutting, Chantilly High School/Academy

Waiting for oral comments in writing from speaker